

Division of Workers' Compensation
P.O. Box 420603
San Francisco, CA 94142

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THE 15TH ANNUAL DWC EDUCATIONAL CONFERENCE

Los Angeles Sheraton Gateway February 28 – 29, 2008
Oakland Marriott March 3 – 4, 2008

In Association with the International Workers' Compensation Foundation,
a non-profit corporation dedicated to workers' compensation research and education.



Serving the People of
California Since 1911

The 15th Annual Division of Workers' Compensation Educational Conference

Day 1 February 28, 2008 (Los Angeles)
 March 3, 2008 (Oakland)

10:00 to 12:30	Registration
12:30 to 1:00	Welcome / General Session
1:00 to 4:30	Breakout Sessions
4:30 to 6:00	Reception – No Host Bar

Day 2 February 29, 2008 (Los Angeles)
 March 4, 2008 (Oakland)

7:30 to 8:30	Continental Breakfast
8:30 to 12:00	Breakout Sessions
12:00 to 1:30	Lunch and Keynote Presentation
1:45 to 4:00	Breakout Sessions

Exhibitors are invited to apply for conference vendor booths on a first come, first serve basis. Parties interested in renting an exhibit booth should contact the International Workers' Compensation Foundation (386-677-0041) for more information. Net proceeds from this event, if any, go to the International Workers' Compensation Foundation, FEIN 35- 1737364.



Employers, attorneys, claims professionals, rehabilitation counselors, medical providers and anyone interested in California's workers' compensation system will find valuable information at the 2008 Division of Workers' Compensation Educational Conference. The conference features a variety of workers' compensation experts from the Division of Workers' Compensation, other state and public agencies, and the private sector.

A Partial List of Scheduled Topics:

- Return to Work
- Supplemental Job Displacement Benefits
- E-Billing
- Case Law
- WCAB Reconsideration Process
- Audit Procedures and What Every Adjuster Should Know
- Fee Schedules (Physician, Outpatient and Ambulatory, DMEPOS)
- Utilization Review (Enforcement, Medical Treatment)
- Medical Provider Networks
- Apportionment
- Electronic Adjudication Management System (EAMS)
- Benefit Notices



Check www.dir.ca.gov/dwc for conference updates



THE 15TH ANNUAL DIVISION OF WORKERS' COMPENSATION EDUCATIONAL CONFERENCE

Hotel Registration

Conference rates are \$134 at the Los Angeles Sheraton and \$151 at the Oakland Marriott. Room block and rate is limited, therefore reservations should be made at least 30 days before the event. When making hotel reservations please request the group rate for the **DWC Educational Conference**. Contact the hotels directly for their early departure and cancellation fees.

Los Angeles Sheraton Gateway	(310) 642-1111
Oakland Marriott	(800) 991-7249

Conference Registration

Includes all sessions, conference binder, tote bag, lunch, and continental breakfast. Contact IWCF at (386) 677-0041 for conference registration information. Contact (510) 286-7079 for general conference information. Please photocopy to register more than one person.

\$300 Earlybird registration before January 1st.

\$325 Registration before February 1st.

\$350 Late registration after February 1st (if available).

Cancellation without notice (no-show) subject to full forfeiture of registration fee.

Cancellation with notice after February 1st subject to \$50 administrative fee. NO GROUP RATES. Conference registration is limited. First come, first served.

Continuing Education Units

CEU applications are pending for approval before these organizations:

<input type="checkbox"/> MCLE	<input type="checkbox"/> CRC	<input type="checkbox"/> CDMS	<input type="checkbox"/> CCM	<input type="checkbox"/> IEA WCCP
<input type="checkbox"/> DWC Medical Unit (IMC)	<input type="checkbox"/> LEGAL SPECIALIZATION			<input type="checkbox"/> IEA CPDM

Conference Registration Form

Please designate the conference you will attend:

☐ LOS ANGELES ☐ OAKLAND

Send this form and check payable to "IWCF" to:
(credit cards not accepted)

IWCF

570 Memorial Circle, Suite 320

Ormond Beach, FL 32174

TEL: (386) 677-0041

FAX: (386) 677-0155

FIRST NAME: _____

(Please PRINT your name as you wish it to appear on your name tag.)

FULL NAME: _____

COMPANY: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL: _____

Individuals attending the conference who may need auxiliary aids or specialized services are requested to provide notice of their needs when registering so that appropriate arrangements can be made. *(Arrangements should be requested no later than 20 days before the conference.)*